Animal lab

When we got down to the basement, I saw a dozen white rabbits with pink noses and eyes under bright fluorescent lights. Each rabbit lay spread-eagle on an operating tray with ocean blue drapes—paws tied to the nearest corner of the tray, abdomens shaved and velvety soft.

Every rabbit was hooked up to an intravenous drip for anesthesia. Next to each tray was a set of operating instruments—sterile, but not the best quality—and a real, live surgeon for each rabbit and every 2 students. Mine was a trauma surgeon with long hair and a soft voice.

The rabbits were silent until we cut into their tracheas and then they gurgled a little. We put in tracheostomy tubes. There was a pleasure in this process, a satisfaction at feeling the ridges of cartilage under my fingertips, beneath the soft, loose neck skin, and then making the perfect vertical incision and squeezing in the hard plastic tube.

My partner made the first abdominal incision, straight up and down from neck to lower belly. She was gentle, tentative. The skin wrinkled as she cut, making a straight incision seem impossible.

"That's not how you do it," our surgeon said. She made a precise, 2-cm cut on a piece of inner leg, the layers of dermis parting obediently under her blade.

"Like that," she said.

We then chose a random segment of perfect pink bowel, tied it off on both sides, and cut it out. We covered the rest of the bowel with a cloth dipped in warm saline solution to keep the heat and moisture from escaping. There was the smell of living bodies cut open, not quite like the metallic scent of blood. I felt giddy with power. I understood what surgeons are addicted to.

We performed a hysterectomy and then removed the left kidney, accidentally severing the renal artery. It started bleeding uncontrollably.

"We need to work fast if we don't want our patient to bleed out on us," our surgeon said. "Go ahead, start on the right kidney," she said, flipping her hair over her shoulder and leaning in to watch us more closely this time.

The rabbit twitched a little, and a kind-looking laboratory assistant with a syringe came to the table and injected more anesthesia. We sewed up the dermis, then the epidermis. It was sloppy, but by now we were tired, as was our surgeon. She had taken off her gloves and was checking her pager.

We left our instruments for someone else to clean. We left the rabbits, tied to the trays, with the laboratory technician and her mercy syringe. We changed out of scrubs and put on our backpacks, and the room filled with relieved human voices, all of us grateful to be escaping the laboratory.

I could not tell exactly what was missing as I clomped up the stairs and into the afternoon sun, but I had the feeling that I had left something behind.

Melinda E Glines

3rd-year medical student University of California, Irvine College of Medicine

mglines@uci.edu

Competing interests: None declared

West J Med 2001;175:131

www.ewjm.com Volume 175 August 2001 wjm 131